World Health Organization (WHO)
International Classification of Functioning, Disability and Health (ICF)
JCIPE Faculty Development Workgroup
Objectives

At the end of the module, faculty will:

1. Obtain basic knowledge of the ICF
2. Integrate concepts of ICF in classroom discussions
3. Foster clinical reasoning in order to formulate:
   – diagnosis
   – care plan goals
   – prognosis
   – intervention
   – follow-up based on ICF core concepts
4. Integrate WHO-ICF model with other models of practice
Purpose of the ICF Model in the Health Mentors Program

• Provides a holistic framework
• Supports interprofessional communication and teamwork
• Promotes collaborative person/population centered-care with a goal of optimal level of wellness
• Provides a standard language
• Shifts focus from “cause” to “impact”
Pre-test

1. Identify these variables as:
   a. An environmental or
   b. Personal factor
      ___ coping style
      ___ legal and social structures
      ___ social attitudes
      ___ past and current experience
2. Match which of the following are associated with the 3 aspects of this health condition:

a. impairment
b. activity limitation
c. participation restriction

High level spinal cord injury:

- inability to attend home basketball game
- incapable of cutting steak dinner
- unable to take a bus
- severe, >50% loss of bladder function
Pre-test

3. ____Different levels of disability are linked to different levels or types of intervention.
   – a. True
   – b. False
Pre-test

4. Your student group presents the following classification for their health mentor. Using this information, state one acceptable patient functional goal.

- Goal: ________________________________

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<thead>
<tr>
<th>Health Condition</th>
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# A Common Language for Functioning, Disability, and Health (historical perspective)

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Pathology</strong> (cellular pathology)</td>
<td><strong>Disease</strong> (cellular, biomechanical, physiological, anatomical abnormality within body)</td>
<td><strong>Health condition</strong> <strong>Intervention, prevention</strong></td>
</tr>
<tr>
<td><strong>Impairment</strong> (tissue, organ, body system abnormality)</td>
<td><strong>Impairment</strong> (organ level abnormality)</td>
<td><strong>Impairment</strong> <strong>intervention, prevention</strong> body function, structure (systems level)</td>
</tr>
<tr>
<td><strong>Functional limitation</strong> (whole person)</td>
<td><strong>Disability</strong> (whole person)</td>
<td><strong>Activity limitation</strong> <strong>intervention, prevention</strong> activity and participation performance, capacity (personal level, activities of daily living)</td>
</tr>
<tr>
<td><strong>Disability</strong> (social role, environment barriers)</td>
<td><strong>Handicap</strong> (social role, environmental restrictions)</td>
<td><strong>Participation restriction</strong> <strong>intervention, prevention</strong> environmental factors (community level)</td>
</tr>
</tbody>
</table>
Use of ICF in the Clinical Setting

- Functional status assessment
- Goal setting
- Treatment planning
- Treatment monitoring
- Outcome measurement
- Enhance communication among various health professionals
Major Categories of ICF
Part 1: Impairment (body functions, body structure)

1a. Impairment of body functions
   • **Body functions**: physiological function of all body systems (including psychological)
   • **Impairments**: problems in body functions as a significant deviation or loss
   • **Qualifier: extent:**
     – None
     – mild <25%
     – moderate <50%
     – severe >50%
     – complete >95%

http://www.who.int/classification/icf/em
1b: Impairments of Body Structures

– **Body structure**: anatomical parts of body, organs, limbs

– **Impairments**: problems in structure, as a significant deviation or loss

– **Qualifier**
  - Extent (same as those in body systems)
  - Nature (absence, additional part, aberrant dimensions, discontinuity, deviating position, qualitative changes)
Part 2: Activity Limitations and Participation Restrictions

- **Activity** = execution of a task

- **Participation** = involvement in life situation

- **Activity limitations** = difficulties of an individual in executing activities (personal activities, ie activities of daily living, dressing, bathing, etc.)

- **Participation restriction** = problems of an individual in involvement in life situations (or community activities, such as school, church, etc.)
Qualifiers of Activity Limitations and Participation Restriction

- **Performance** = extent of participation restriction, describe *actual performance* of task in environment
  - Societal context, physical, social, attitudinal world
  - Involvement in life situation, doing things

- **Capacity** = extent of activity limitation
  person’s ability to execute the task (capability), without assistance—describe what person *can do*
## Example of Health Condition Associated with Level of Functioning

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<tr>
<td>Panic disorder</td>
<td>Anxiety</td>
<td>Unable to go out of house alone</td>
<td>Inability to maintain social relationships</td>
</tr>
<tr>
<td>6 yr old child with broken leg</td>
<td>Fracture of right femur,</td>
<td>Inability to negotiate stairs on crutches</td>
<td>Unable to participate in school activities on second floor</td>
</tr>
<tr>
<td></td>
<td>Pain, loss of use of lower extremity, (non- weight bearing)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
General Questions for Participation and Activities: (capacity and performance)

- Mobility
- Self – care
- Domestic life
- Interpersonal interactions
- Major life areas
- Community, social, and civic life
Part 3: Environmental Factors

• Physical, social and attitudinal (social-emotional) environment where people live and conduct their lives

• Qualifiers: none, mild, mod, severe, complete
  – Barriers
  – Facilitators
Examples of Environmental Factors

• Products & Technology
  – For personal use in daily living, transportation, communication, etc…

• Natural environment & human made changes to environment
  – Climate, light, sound, etc…

• Support & relationships
  – Family, friends, people of authority, health care professionals, etc…

• Attitudes
  – Related by family, friends, health providers and societal attitudes and norms

• Services, Systems, Policies
  – Housing, transportation, legal, health, education, labor systems, etc…
Part 4: Other Contextual Information

- General sketch of individual
- Personal factors that may impact functioning and that are relevant
- Examples: education, lifestyle habits, life events, race / ethnicity, sexual orientation
General Questions:

How much difficulty do you have ..........
- Standing for long periods, moving, getting out
- Taking care of household responsibilities
- Learning a new task
- Joining community activities, negotiating barriers
- Concentrating, remembering
- Washing, dressing, eating
- Maintaining a friendship, sexual relations

How much do these interfere with your life?
(physically, emotionally, and financially)

Is there something you would like to do that you cannot do?
Need for ICF

• Diagnosis alone, not a predictor of:
  • service needs
  • length of hospitalization
  • level of care
  • functional outcomes

• Presence of a disease is not a predictor of:
  • receipt of disability benefits,
  • work performance,
  • return to work or
  • likelihood of social integration

Towards a Common Language for Functioning, Disability and Health ICF
World Health Organization, Geneva 2002
Use of ICF for intervention studies: What aspect of the disability is addressed?

- **Distinguishes intervention:**
  - (body or impairment level)
    - Medical or Rehabilitative

- **Prevention or amelioration of limitations**
  - (person or community/environmental level)
    - Correct or modify intrinsic functions or structures of body, or increase capacity levels

- **Performance**
  - Capacity improvement
  - Environmental modification - eliminate barriers or creating facilitators
Example of Levels of Intervention Associated with Levels of Disability

The next chart indicates how the different levels of disability are linked to three different levels of intervention.

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<tr>
<th>HEALTH CONDITION</th>
<th>Intervention</th>
<th>Prevention</th>
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<tbody>
<tr>
<td></td>
<td>Medical treatment/care Medication</td>
<td>Health promotion Nutrition Immunization</td>
</tr>
<tr>
<td>IMPAIRMENT</td>
<td>Medical treatment/care Medication Surgery</td>
<td>Prevention of the development of further activity limitations</td>
</tr>
<tr>
<td>ACTIVITY LIMITATION</td>
<td>Assistive devices Personal assistance Rehabilitation therapy</td>
<td>Preventive rehabilitation Prevention of the development of participation restrictions</td>
</tr>
<tr>
<td>PARTICIPATION RESTRICTION</td>
<td>Accommodations Public education Anti-discrimination law Universal design</td>
<td>Environmental change Employment strategies Accessible services Universal design Lobbying for change</td>
</tr>
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Summary WHO-ICF

- Classifies and measures function in health care
- Application of model to clinical reasoning and management of a disability
- Describes levels according to body systems, personal activity limitations in daily living, society participation restrictions
- Considers environmental barriers or facilitators
- Integrates well with other models of practice
Post test

• Same as pre-test
Post-test

1. Identify these variables as:
   a. an environmental or
   b. personal factor

   **B** coping style
   **A** legal and social structures
   **A** social attitudes
   **B** past and current experience
Post-test

2. Match which of the following are associated with the 3 aspects of this health condition:

   a. impairment
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   • a. True
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Post-test

4. Your student group presents the following classification for their health mentor. Using this information, state one acceptable patient functional goal.

• Goal: ______________________________________

Examples:
– Goal 1: Patient will receive in-home physical therapy Monday through Friday to learn how to walk with a walker.
– Goal 2: Patient will walk from living room to kitchen 5 times/day with the assistance of a walker.
– Goal 3: Link patient with her religious organization (i.e. church, synagogue, mosque) and establish friendly visitors for socialization

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